

hard and non-porous, and apt for that reason to make a sensitive nipple hot and tender. They are most useful in pregnancy, when they can be kept in position by the corsets, but after delivery they require the ingenuity (?) of our friend the Monthly Nurse to keep them in their place. In addition to their physical *charms*, these shields are credited with chemical virtues as well, on these grounds—the plates are made of zinc, and the lactic acid of the milk acting upon them forms a sort of rust or oxide of zinc, the active principle of the dressing ointment so familiar to every Nurse. The value of the Wandsbrough shield then is as the value of oxide of zinc, for the nipples can be protected from abrasion by more comfortable appliances than metal capsules. In earlier days, when our therapeutical resources were more limited than they are now, zinc ointment was used in Obstetric Nursing for sore nipples and in other ways until the present time. I do not think many practitioners in Midwifery use it, as we have other preparations more suitable for our patients. and in my practice I never recommend such a complicated process for arriving at very simple results as the Wandsbrough Metallic Nipple Shields, so leave them to abler hands.

I must also impress upon your minds that nipple troubles arise from the irritation of the child's mouth and gums in sucking; and if we had no suckling we should have no tender nipples; and I have pointed out to you the simple measures by which we prevent or alleviate this distress. It is very often aggravated by the mother persisting in nursing when she has not a sufficient supply of milk for the child, and it injures and "munches" the nipple in its unavailing efforts to get his food. Partial weaning is the best remedy here, giving the infant food, say, during the day and the breast at night. Sometimes the nipples get so damaged by suckling that we have to resort to escharotics, to heal them and paint them with lunar caustic. If nursing is still persisted in a shield must be used; but in these cases complete weaning is the safest plan.

I have now gone through the various troubles of lactation, and endeavoured to show what are the best means for avoiding disaster. But, for all this, we must be prepared to accept defeat, and face the breast abscess, that is one of the most distressing misfortunes of child-bed. But even in these cases we must do our best to *try* and avert the formation of pus by aiding absorption and milk dispersion. When we find localised *hardness*, redness, swelling, and pain, we know that trouble looms in the distance, and we must at once resort to heat and moisture, but not *forcing* applications, and I find a bran stupe to begin

with very useful, prepared in this wise:—Take a strip of *new* flannel, from twelve to fourteen inches wide, and long enough to go round the circumference of the breast. Fold it in half, and make a sort of bag of it (not unlike in shape an old-fashioned pudding bag), by sewing it up longwise and at one end; turn the seams down *double*, leaving the edges raw, and putting the stitches as close to the edge of the hem as you can, so as to prevent the bran from coming out at the seams. Fill to about *two-thirds* of its length with clean, fresh bran, and sew up the open end in the same way as the others.

Have ready a kettle of boiling water, place the bran bag in the bottom of a basin, or small foot pan, and put over it enough *boiling* water to completely cover and saturate it. Let it remain in the water for about ten minutes. Have ready a Turkish towel—an old one will do. Pick up the bran bag with a spoon, or piece of stick, from the hot water, and at once put it *longwise* in the towel; get some one to take one end of the towel whilst you take the other, and both together wring the stupe as dry as you possibly can; take hold of it at both ends with a towel to protect your fingers from the heat, and shake the hot bran about to make it even in the bag, so as to have no more at one end than another. Now take the stupe in a dry towel or napkin to the bedside for application. Slip off the night-dress to the waist, and place the stupe all *round* the breast as hot as it can be borne. Remember, neither stupe, fomentations nor poultices are to be placed *over* the nipple or areola. Have a sling handy, like those I have described to you, to fasten on the stupe.

To soothe the pain I often advise equal parts of belladonna ointment and glycerine, mixed well up together (say half-an-ounce of each), and a portion smeared all over the breast *very* gently before you apply the stupe comforting.

Have the dressing and the sling ready before you prepare your stupe, which you now have to fix in position with the sling, and in the manner I have so recently pointed out to you. Fasten the two ends of the bran bag together over the *top* of the breast with two strong safety pins as tightly as the patient can bear it. Over all place some folds of flannel, slip on the night-dress, put the patient rather high up, but comfortable, on her pillows. If prepared in the way I have told you these bran stupes retain the heat for a long time. Of course you always have a second ready for renewal without any delay. Sometimes we use hops for stupes, but there is nothing to my knowledge that retains heat longer than the bran, and I think it has a *healsome* influence with it as well. These palliatives may happily lead to

[previous page](#)

[next page](#)